CHILD/ADOLESCENT RE-ASSESSMENT

Purpose:
- ☐ Tri-Annual
- ☐ Returning to Treatment

Date Re-Assessment Started: _____

Assessing Practitioner (Name and Discipline): _____

Date of client's Full Assessment to be used as the baseline for this Re-Assessment: _____
Date of client's most recent Re-Assessment (if applicable): _____
Other Sources for Re-Assessment Information: _____

Reason for Referral/Chief Complaint

Describe precipitating event(s)/Reason for Referral:
☐ Tri-Annual – same as Full Assessment ☐ Returning to Treatment – updates include the following: (describe below)

Current Symptoms and Behaviors (intensity, duration, onset, frequency) and Impairments in Life Functioning caused by the symptoms/behaviors (from perspective of client and others):

Client Strengths (to assist in achieving treatment goals such as athletics, clubs, affiliations, social, personal, relations)

History of Presenting Problem

History of Presenting Problem Prior to Precipitating Event: Include how it is a problem, caregiver perception of cause, relevant factors (environment, relationships, traumatic events, sleep patterns, eating patterns, hygiene changes)
☐ Tri-Annual – same as Full Assessment ☐ Returning to Treatment – updates include the following: (describe below)

Additional Problem Areas and Associated Behaviors: Peer Problems and Other Problems
☐ Tri-Annual – same as Full Assessment ☐ Returning to Treatment – updates include the following: (describe below)

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Mental Health History

Psychiatric Hospitalizations: ☐ No Updates ☐ Updates include the following: (describe below)

Outpatient Treatment:

Suicidal/Homicidal Thoughts/Attempts ☐ No Updates ☐ Updates include the following: (describe below)
Columbia Suicide Risk Severity Scale Completed? ☐ Yes ☐ No (For Directly-Operated)
If Columbia Suicide Risk Severity Scale NOT completed, describe below and include dates, threat, intent, plan, target(s), access to lethal means, method used:

Self-Harm (without statement of suicidal intent) ☐ No Updates ☐ Updates include the following: (describe below)

Trauma or Exposure to Trauma: ☐ No Updates ☐ Updates include the following: (describe below)

Medications

Medications (Name, dosage, frequency, period taken, effectiveness, response, side-effects, reactions)
☐ See Medication Note dated_____ ☐ Updates include the following: (describe below)

Substance Use/Abuse

Substance Use and Abuse
☐ No Updates ☐ Updates include the following: (describe below)
(If applicable: Completed COD Assessment dated _____)

Medical History

Medical History
Date of Last Physical Exam: _____
☐ No Updates ☐ Updates include the following: (describe below)

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Developmental Milestones (Describe if not within normal limits)			Environmental Stressors: Moves; schools; losses of fam/friends, changes in fam composition; SES, lifestyle; exposure to fam conflict/violence; major illnesses; abuse; placements, etc.
Infancy (0-3) Motor – sit, crawl, walk Speech; Eat; Sleep Toilet training Coordination Temperament Separation	☐ No Updates	☐ Updates include the following:(describe below)	**Infancy (0-3)**
Early Years (4-6) Social Adjustment Separation Sexual Behaviors Self-Care	☐ No Updates	☐ Updates include the following:(describe below)	**Early Years (4-6)**
Latency (7-11) School adjustment Peer & adult relations/friends Interest/hobbies Impulse control Self-Care	☐ No Updates	☐ Updates include the following:(describe below)	**Latency (7-11)**
Adolescence (12-on) Separation/individ. Sexual orientation Sexual behavior Gender identity Relationships/Support Systems Independent funct. Moral development	☐ No Updates	☐ Updates include the following:(describe below)	**Adolescence (12-on)**

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Psychosocial History

School History

Educational Comments: Type of School, Academic Performance, Grade Retention, School Changes, Attitude/Behavior, Attendance/Truancy, Suspension

☐ No Updates ☐ Updates include the following: (describe below)

Vocational Information (jobs, independent living program, training, job related problems, volunteer work, career interests)

☐ No Updates ☐ Updates include the following: (describe below)

Juvenile Court History (arrests/offenses, tickets/warnings, probation/stipulations, incarceration, placement)

☐ No Updates ☐ Updates include the following: (describe below)

Child Abuse and Protective Services Information (nature of allegations, age of occurrence, offender, dependency court action, child/parent response, placement and type, services)

☐ No Updates ☐ Updates include the following: (describe below)

Current Living Situation

Living Situation Type: ☐ Biological ☐ Adoptive ☐ Guardian ☐ Foster ☐ Kinship/Relative ☐ Group Home ☐ Other

Others Diagnosed with Mental Illness in Living Situation: ☐ Yes ☐ No

Significant Current Drug/Alcohol Use in Living Situation: ☐ Yes ☐ No

Family Composition (Include siblings, stepparents/others, grandparents, extended family, ethnicity/culture, education, socio-economic, religious affiliation)

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Mental Status	
	Provide a word picture of this child based on your observations. Be sure to address relevant features from each **bolded** category in the left column.
Appearance Dress, grooming, unusual physical characteristics	
Behavior Activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity	
Expressive Speech Fluency, pressure, impediment, volume	
Thought Content Fears, worries, preoccupations, obsessions, delusions, hallucinations	
Thought Process Attention, concentration, distractibility, magical thinking, coherency of associations, flight of ideas, rumination, defenses (e.g. planning)	
Cognition Orientation, vocabulary, abstraction, intelligence	
Mood/Affect Depression, agitation, anxiety, hostility absent or unvarying, irritability	
Suicidality/Homicidality Thoughts, behavior, stated intent, risks to self or others. access to lethal means	
Attitude/Insight/Strengths Adaptive capacity, strengths & assets, cooperation, insight, judgment, motivation for treatment.	

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Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

II. Diagnosis (check one Primary and one Secondary)

- ☐ Primary ☐ Sec Code _____ Nomenclature _____
- ☐ Primary ☐ Sec Code _____ Nomenclature _____
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- ☐ Primary ☐ Sec Code _____ Nomenclature _____

III. Specialty Mental Health Services Medical Necessity Criteria:

1. Medi-Cal Specialty Mental Health Included Diagnosis ☐ Yes ☐ No
2. Significant impairment in life functioning due to the Included Diagnosis ☐ Yes ☐ No
3. Expectation that proposed interventions can impact the client's condition ☐ Yes ☐ No
4. Condition will not be responsive to physical health care based treatment ☐ Yes ☐ No

IV. Disposition/Recommendations/Plan

V. Signatures

Assessor's Signature & Discipline	Date	Co-Signature & Discipline	Date

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